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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. **DILLON & YUDELL LLP** 8911 NO. CAPITAL OF TEXAS HWY., SUITE 2110 **AUSTIN, TX 78759** (Depositor's name (Signature Date CONFIRMATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. FILING DATE APPLICATION NO. 08/30/2001 MARIA-JOSE ARBULU BARTUREN FR920010023US1 2529 09/943,563 TITLE OF INVENTION: INTEGRATED SYSTEM AND METHOD FOR THE MANAGEMENT OF A COMPLETE END-TO-END SOFTWARE **DELIVERY PROCESS** SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE APPLN, TYPE NO \$1510 \$300 \$1810 04/26/2010 nonprovisional <u>84/26</u>/2018 AVONDAF2 00000935 090457 09943563 **EXAMINER** ART UNIT CLASS-SUBCLASS 717-177000 02 FC: 1504 2192 1510.00 DA RUTTEN, JAMES D. 300 00 DO Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1 DILLON & YUDELL LLP (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☑ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

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